STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Based on observation, interviews, and document review, the facility failed to ensure that residents were fully aware of the grievance process. Specifically, the facility failed to ensure their grievance policy included notification that residents and their representatives have the right to file grievances anonymously, should they choose not to alert a staff member of their concern(s), and failed to include the contact information of the grievance official with whom a grievance can be filed, that is, business address (mailing and email) and business phone number, and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system.Findings include:Review of the facility's policy titled Grievance/Concerns Procedures, last revised 2/20/26, indicated:-Any resident, his or her representative, interested family member, or advocate may file a grievance or complaint concerning his or treatment, medical care, behavior of other residents, staff members, theft or (sic) property, etc., without fear of threat or reprisal in any form.You are requested to follow the procedures outlined below when filing a complaint:-Obtain a Resident Grievance Concern Form (attached). Forms are located on the bulletin board outside of the nourishment kitchen, at the nurse's station, and in the Director of Social Services and Administrator's office.-Please fill out the form as indicated and give to the Director of Social Services or Administrator. If you prefer, a staff member can assist you with filling out this form. Upon receipt of the form, an investigation of the grievance/concern will begin.-Upon completion of the investigation, you will be informed orally of the results of the investigation. Note: complaints related to abuse, harassment, or mistreatment will be immediately investigated and you will receive the findings, recommendations, and/or corrective action taken upon completion of the investigation subject to HIPPA and employee rights requirements.-Should you disagree with the findings, recommendations, or actions taken; you may meet the Administrator, or you may file a complaint with any of the agencies listed on the facility bulletin boards-It is the policy of this facility to assist you in filing a grievance. Should you feel that our staff has not assisted you in this matter, or you feel that you are being discriminated against for taking such steps, you are encouraged to report such incidents to the Administrator at once.-If you would like a copy of the facility's Freedom from Abuse, Neglect, and Exploitation policy, addressing Resident Grievance/Concerns, please see Administration. Review of the facility's policy titled Freedom from Abuse, Neglect, and Exploitation, last revised 3/4/22, indicated but was not limited to:Resident Grievances/Complaints-Person with whom the resident initiates complaint will complete an incident/accident form to be given to their supervisor or designee to complete either an Investigation/Incident Summary Report form or a Resident Grievance Concern Form and will pass the information on to your Supervisor, Administrator, Director of Nurses, or Social Worker to begin the investigation process as soon as possible.-The Administrator or designee will notify the resident (if needed), the resident's representative, and employee, local law enforcement authorities and/or The Department of Public Health for those complaints which are deemed reportable.-Results of the Grievance/Complaint will be noted appropriately on the form and reported orally to the individual (especially if that is a resident or resident representative) who (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	submitted the complaint.-All Resident Grievance Concern Forms will be kept in a binder in the Social Worker's office.-The Social Worker or designee will be the contact person for Grievance/Complaints.The policies failed to include notification that residents and their representatives have the right to file grievances anonymously, should they choose not to alert a staff member of their concern(s), and failed to include the contact information of the grievance official with whom a grievance can be filed, that is, business address (mailing and email) and business phone number, and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system as required.On 4/8/26 at 11:10 A.M., the surveyor held a resident group meeting with 12 residents in attendance. Twelve of 12 residents said that they were not aware of their right to file a grievance anonymously or who the grievance official is. They said if they have an issue, they have to go to the Resident Council President or a staff member about it. The residents said sometimes they want to speak out but don't want to be identified, so they don't say anything.During an interview on 4/7/26 at 4:30 P.M., the Administrator reviewed the facility's Grievance/Concerns Procedure and Freedom from Abuse, Neglect, and Exploitation policy and said the policies do not include notification that residents and their representatives have the right file grievances anonymously and it does not include contact information of the grievance official as well as for independent entities to whom resident and their representatives can file grievances. The Administrator said at this time, there is no way for residents or their representatives to file a grievance without involving a staff member.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to provide services that met professional standards of practice for three Residents (#13, #17, and #25), out of a total sample of 33 residents. Specifically, the facility failed: 1. For Resident #13, to ensure physician's orders for opioid administration were followed; and2. For Resident #17 to ensure physician's orders for opioid administration were followed; and3. For Resident #25, to ensure physician's orders for inhaled medication were followed. Findings include: Review of [NAME], Manual of Nursing Practice 11th edition, dated 2019, indicated the following: -The professional nurse's scope of practice is defined and outlined by the State Board of Nursing that governs practice. Review of the Massachusetts Board of Registration in Nursing Advisory Ruling on Nursing Practice, dated as revised April 11, 2018, indicated: -Nurse's Responsibility and Accountability: Licensed nurses accept, verify, transcribe, and implement orders from duly authorized prescriber's that are received by a variety of methods (i.e., written, verbal/telephone, standing orders/protocols, pre-printed order sets, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. -In any situation where an order is unclear, or a nurse questions the appropriateness, accuracy, or completeness of an order, the nurse may not implement the order until it is verified for accuracy with a duly authorized prescriber. 1. Resident #13 was admitted to the facility in March 2026 and had diagnoses including Alzheimer's disease and bipolar disorder. Review of the Minimum Data Set (MDS) assessment, with a reference date of 3/11/26, indicated that Resident #13 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15 and received medication for pain. Review of the medical record indicated but was not limited to the following Physician's Orders: -Acetaminophen (nonsteroidal anti-inflammatory drug used to treat mild to moderate pain) 500 milligrams (mg), as needed for pain/fever twice daily (3/12/26) -Acetaminophen 500 mg, give two tablets two times a day for pain (3/12/26) -Morphine Sulfate (opioid used to treat moderate to severe pain) solution 20 mg/milliliters (ml), give 0.25 ml every 2 hours as needed for pain (3/26/26) -Pain Monitoring: monitor for pain every shift and document the numeric score 0-10, every shift and as needed (3/5/26) Further review of the physician's orders failed to identify pain severity parameters for the use of each pain medication to ensure effectiveness of the pain management regime. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of March 2026 Medication/Treatment Administration Record (MAR/TAR) indicated: -Acetaminophen as needed was administered on 3/12/26 for a pain level of 4 -Acetaminophen as needed was administered on 3/26/26 for a pain level of 2 -Morphine Sulfate as needed was administered on 3/26/26 for a pain level of 5 -Morphine Sulfate as needed was administered on 3/27/26 for a pain level of 2 -Morphine Sulfate as needed was administered on 3/27/26 for a pain level of 1 During an interview on 4/8/26 at 2:47 P.M., the Director of Nursing (DON) reviewed Resident #13's medical record and said the physician's orders for acetaminophen and Morphine Sulfate should include parameters for their use such as mild, moderate or severe pain or a numerical scale from 0-10. She said it is her expectation that acetaminophen be administered to the Resident for a mild pain level of 1 or 2 and not Morphine. During an interview on 4/9/26 at 12:12 P.M., Physician #1 reviewed Resident #13's medical record and said for mild pain, acetaminophen would be provided first and then depending on the effectiveness, the Morphine could be provided. If the pain was more significant initially, then the Morphine would be given first. She said the orders for pain medication should include parameters for their use. 2. Resident #17 was admitted to the facility in March 2026 with diagnoses including: fractured neck of right femur, cognitive communication deficit, and osteoarthritis. Review of the MDS assessment, dated 3/7/26, indicated Resident #17 was cognitively impaired as evidenced by a BIMS score of 5 out of 15. Review of the current Physician's Orders for Resident #17 indicated but were not limited to the following: -acetaminophen oral tablet 500mg, give 2 tablets by mouth two times a day for pain (3/25/26) -acetaminophen oral tablet 500mg, give 1 tablet by mouth every 4 hours as needed for mild pain/fever (3/25/26) -Oxycodone HCL oral tablet 5mg, give 2.5mg by mouth every 6 hours as needed for moderate to severe pain (3/26/25) -pain monitoring: monitor for pain every shift and document the numeric score 0-10 (3/2/26) Review of Resident #17's April 2026 MAR included but was not limited to the following: -Oxycodone HCl, give 2.5mg every 6 hours as needed for moderate to severe pain was administered on the following dates, times, and pain level: -4/6/26 at 5:35 A.M., pain level 5 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-4/7/26 at 9:12 A.M., pain level 2; and 6:34 P.M., pain level 2 During an interview on 4/8/26 at 12:37 P.M., Nurse #1 said the Oxycodone was for moderate to severe pain and that would be pain of a 6 through 10 on the pain scale indicator. Nurse #1 said he assessed Resident #17's pain to be 2 out of 10 and said he should have given Resident #17 the prescribed acetaminophen because the pain was mild and should not have given Resident #17 the Oxycodone. During an interview on 4/8/26 at 1:50 P.M., the DON said it is inappropriate to have given Resident #17 an opioid medication with a pain level of 2 when the order was for moderate to severe pain. The DON said moderate to severe pain would be 6 through 10 on the pain scale and Resident #17 did not display that level of pain. During an interview on 4/9/26 at 12:17 P.M., Physician #1 said Oxycodone should not have been administered when acetaminophen was an option for mild pain and the nurses should be following orders as prescribed. 3. Review of the facility's policy titled Medication Administration Policy, revised 9/2020, indicated but was not limited to the following: -proper oral inhaler administration: -(iv) If more than one puff-wait one minute in between puffs -rinse mouth with water if using corticosteroid inhaler Resident #25 was admitted to the facility in January 2025, with diagnoses including: chronic obstructive pulmonary disease (COPD). Review of Resident #25's Physician Orders included but was not limited to the following: -Wixela Inhub inhalation aerosol powder breath activated 250-50 micrograms(mcg)/ACT, 1 puff inhale orally two times a day for COPD, rinse mouth after each use (1/30/25) -Umeclidinium bromide inhalation aerosol powder breath activated 62.5mcg/ACT, 1 puff inhale orally one time a day for COPD (10/1/25). On 4/7/26 at 12:06 P.M., the surveyor observed Nurse #1 administer two inhalation medications, Umeclidinium bromide and Wixela to Resident #25. The surveyor observed Nurse #1 administer the Umeclidinium bromide inhaler first, then immediately administer the Wixela inhaler, failing to wait at least one minute in between administration of inhaled mediations. In addition, the surveyor did not observe Nurse #1 have Resident #25 rinse his/her mouth after administration of inhaled Wixela as physician ordered. During an interview on 4/8/26 at 12:42 P.M., Nurse #1 said he should have waited in between inhaled medications and should have had Resident #25 rinse his/her mouth as ordered. During an interview on 4/8/26 at 1:50 P.M., the DON said Resident #25 should not have been given two inhalers back-to-back without waiting a period of time for medication effectiveness, and Resident #25 should have been instructed to rinse his/her mouth as ordered by the physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0551 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure that a [NAME] Monitor was appointed, and treatment plan approved by the court for one Resident (#13) who was admitted to the facility and administered an antipsychotic medication, from a total sample of 12 residents. Findings include:In a [NAME] guardianship hearing, the court is being asked to authorize extraordinary treatment or care, such as administering antipsychotic medications, admitting an adult to a nursing home facility, and other medical care. This procedure was established by the Supreme Judicial Court in a decision entitled [NAME] v. Commissioner of the Department of Mental Health, 390 Mass. 489 (1983) - Massachusetts Guardianship Association (massguardianshipassociation.org).Resident #13 was admitted to the facility in March 2026 and had diagnoses including Alzheimer's disease and bipolar disorder.Review of the Minimum Data Set (MDS) assessment, with a reference date of 3/11/26, indicated that Resident #13 had severe cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 3 out of 15 and received antipsychotic medication daily.Review of the medical record indicated Resident #13 was appointed a permanent Legal Guardian on 8/15/24 by the Commonwealth of Massachusetts Probate and Family Court. Further review of the medical record failed to indicate a Rogers Treatment Plan to authorize the administration of antipsychotic medication was obtained.Review of March 2026 admission Physician's orders indicated an order for the antipsychotic medication Seroquel 25 milligrams (mg) in the afternoon and 50 mg at bedtime.Review of March 2026 and April 2026 Medication Administration Records indicated Resident #13 was administered Seroquel as ordered by the physician.During interviews on 4/8/26 at 4:10 P.M., 4:28 P.M. and 5:09 P.M., the Administrator said Resident #13 has a Legal Guardian and should have a [NAME] Monitor and a court approved treatment plan in place for administration of antipsychotic medication. The Administrator said the facility is responsible for ensuring all residents with legal guardians and administered antipsychotic medication have [NAME] monitors and approved treatment plans but did not pick up on that need when Resident #13 was admitted but should have.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to ensure medications were accurately labeled and stored in accordance with acceptable professional standards. Specifically, the facility failed to:1. Ensure a treatment cart was locked when not in direct supervision of a licensed nurse;2. Ensure Resident #10's Albuterol Sulfate HFA inhaler (used to treat shortness of breath) was stored securely; and3. Ensure Resident #25's medications were stored in their original packaging.Findings include: 1. On [DATE] at 5:08 P.M., the surveyor observed two entry doors to the nursing suite (nursing station, medication room, oxygen room) wide open with no licensed staff in the vicinity of the nursing suite. The door labeled Oxygen Room was wide open and had an unlocked multi-drawer treatment cart inside that was easily accessible to all residents residing in the facility. The treatment cart contained the following items: -Multiple packets of Skin Prep (forms a protective film or barrier on the skin) -Povidone-Iodine Antiseptic pads (broad-spectrum antiseptic solution used for skin disinfection, wound care, and surgical preparation, effective against a wide range of microorganisms) -Bengay Cream (topical analgesic cream used to relieve muscle and joint pain) -Adapt Stoma Powder (absorb moisture from the skin around a stoma, helping to protect irritated skin and improve the adhesion of ostomy appliances) -(2) Diclofenac Sodium Topical Gel 1% (nonsteroidal anti-inflammatory) -Tacrolimus Ointment 1% (topical medication used to treat moderate to severe atopic dermatitis) -Preparation H Ointment (topical treatment for hemorrhoids) -(4) Triamcinolone Acetate 0.1% (steroid medication) -Fluorouracil Cream 5% (topical chemotherapy medication used to treat precancerous and certain cancerous skin lesions by preventing abnormal cell growth) -Collagenase Santyl Ointment (topical medication used to remove dead or damaged tissue from chronic wounds and severe burns, promoting healing) -Estradiol 0.01% Cream (vaginal estrogen therapy used to relieve menopausal symptoms) -Geri Care Analgesic Balm Topical Analgesic cream 10% menthol 15% methyl salicylate (topical analgesic) -(2) Ketoconazole Shampoo 2% (topical antifungal) On [DATE] from 5:10 P.M. to 5:13 P.M., the surveyor observed two residents wander by the unlocked nursing suite. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 5:13 P.M., the surveyor notified the Director of Nursing (DON) who accompanied the surveyor to the open and unlocked Oxygen room and observed the unlocked treatment cart and its contents. She said the treatment cart is supposed to be locked at all times when not in use and not accessible to anyone other than licensed staff, especially residents. 2. Review of the facility's policy titled Medication Administration Policy, revised 9/2020, indicated but was not limited to: -Proper storage of medications: -opened medications will be documented with open date and expiration date. Open medications will be labeled with proper stickers indicating open and expired dates. -drug storage remains the responsibility of the nursing staff. -residents who self-administer have the right to store medications in a locked drawer, cabinet, or closet, at bedside. Resident #10 was admitted to the facility in [DATE] with diagnoses including chronic obstructive pulmonary disease (COPD). Review of Resident #10's Minimum Data Set (MDS) assessment, dated [DATE], indicated he/she had moderate cognitive impairment as evidenced by a Brief Interview for Mental Status (BIMS) score of 11 out of 15. Review of Resident #10's Physician's Orders indicated but were not limited to: - [DATE]: Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 base) MCG (micrograms)/ACT (actuation); 2 puffs inhale orally every four hours as needed for shortness of breath. Review of Resident #10's Self-Administration of Medication evaluation, dated [DATE], indicated he/she was approved for self-administration of the Albuterol Sulfate HFA inhaler and capable of storing medications in a secured location. On the following dates and times, the surveyor observed Resident #10's Albuterol Sulfate HFA inhaler on a bedside table located in the middle of the room. Resident was not in his/her room at the time. -[DATE] at 11:20 A.M.; and -[DATE] at 11:37 A.M. During an interview on [DATE] at 12:05 P.M., Resident #10 said he/she leaves the inhaler out all the time and does not have a way to lock up the medication. During an interview on [DATE] at 12:42 P.M., Nurse #1 said the inhaler should not have been left unattended and should have been locked up. During an interview on [DATE] at 1:50 P.M., the DON said Resident #10 should not have been left with medication that was kept unsecured. The DON said all medications should be locked up when not in (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	use. 3. On [DATE] at 12:43 P.M., the surveyor, with Nurse #1 present, observed a medicine cup containing several unlabeled medications in the top right-hand drawer of the medication cart. The medication cup included 11 white pills: -three large oval tablets -two capsules -five round tablets -one small oval tablet Nurse #1 said the medications were for Resident #25 who was sleeping during the morning medication time and was going to give the medications later. Nurse #1 said he should have destroyed the medications and should not have left the pre-poured, unlabeled medications in a cup in the medication cart. During an interview on [DATE] at 1:50 P.M., the DON said Resident #25's medications should not have been left in the medication cart unlabeled. The DON said medications should be stored in the medication cart labeled.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	225772	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Island Home	East Creek Road Nantucket, MA 02554

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interviews, and record review, the facility failed to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and potential transmission of communicable diseases and infections. Specifically, the facility failed to:-Ensure staff handled medications in a sanitary manner to prevent potential transmission of infections; and-Ensure staff followed hand hygiene procedures prior to handling medication(s) and after administering medication(s).Findings include:Review of the facility's policy titled Hand Hygiene Procedures, revised 9/2020, indicated but was not limited to the following:-hand hygiene should be performed between providing care for residents, after hand contact with unclean equipment or work surfacesReview of the facility's policy titled Medication Administration Policy, revised 9/2020, indicated but was not limited to the following:-wash your hands before beginning and before contact with each residentOn 4/7/26 from 11:38 A.M. through 1:26 P.M., the surveyor observed Nurse #1 administer medications to six residents (#30, #25, #8, #15, #28, and #41). During this time, the surveyor did not observe Nurse #1 perform hand hygiene before or after administering medications. The surveyor observed Nurse #1 touching the computer, medication packages, and drawer handles between handling each residents' medications, potentially contaminating his hands. On 4/7/26 at 12:06 P.M., the surveyor observed Nurse #1 place Resident #25's nasal spray, and two inhalers in his uniform pocket then place the medications down on the Resident's bedside table without placing a protective barrier. The surveyor observed Resident #25 administer his/her inhaled medications, then place the medications back onto his/her bedside table. The surveyor then observed Nurse #1 pick up the medications and place them into his uniform pocket. The surveyor observed Nurse #1 at the completion of Resident #25's medication administration, remove the medications from his uniform pocket and place them directly onto the medication cart without a protective barrier. Nurse #1 then placed the medications back into the medication cart and failed to perform hand hygiene. On 4/7/26 at 1:13 P.M., the surveyor observed Nurse #1 administer Resident #28's eye drop mediation. Nurse #1 took the cover off the eye drops and placed the cover down on the Resident's dresser without a protective barrier. Nurse #1 completed the administration of the eye drops and he then placed the cover back on the eye drops and placed the eye drops in his uniform pocket. The surveyor observed Nurse #1 removing the eye drops from his uniform pocket and placing them back into the medication cart. During an interview on 4/8/26 at 12:42 P.M., Nurse #1 said he should have performed hand hygiene before and after each Resident's medication administration but did not. Nurse #1 said he did not place a protective barrier down to prevent the spread of infection for Resident #25 and Resident #28 when he placed medications down on their furniture, but he should have. Nurse #1 said he should not have placed Resident #25 and #28's medications inside his uniform pockets.During an interview on 4/8/26 at 1:50 P.M., the Director of Nursing (DON) said hand hygiene should have been performed before and after each Resident's medication administration. The DON said the nurse should not have placed medications in his uniform pocket, to prevent contamination and the spread of infection. The DON said the nurse should have placed a protective barrier down when medications were placed on a surface that may potentially be contaminated.